		100	cumem Pac	JE I UI 47	
Fill in this inform	nation to identify your	case and this filing:			
Debtor 1	Clio	Cionni	Rizo		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	Northern	District of	Texas	-
Case number	25-30840-SWE-13				

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	₫ N	ou own or have any legal or equital lo. Go to Part 2. 'es. Where is the property?	ole interest in any residence, building, land, or simil	ar property?	
	1.1	Street address, if available, or other	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
description		· · · · · · · · · · · · · · · · · · ·	 Condominium or cooperative Manufactured or mobile home Land Investment property 	Current value of the entire property?	Current value of the portion you own?
		City State ZIP Code	 Timeshare Other Who has an interest in the property? Check one. 	Describe the nature of you (such as fee simple, tenan a life estate), if known.	
		·	 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	Check if this is commu (see instructions)	unity property
			Other information you wish to add about this ite property identification number:	-	
2.			own for all of your entries from Part 1, including any number here		\$0.00
	rt 2:	Describe Your Vehicles			
Pa					
Do y			interest in any vehicles, whether they are registered vehicle, also report it on Schedule G: Executory Contra		
Do y	wn tha		vehicle, also report it on Schedule G: Executory Contra		

4.		pples: Boats, trailers, mo	nomes, ATVs a	Who has an interest in the property? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another ☑ Check if this is community property (see instructions)	Creditors Who Have Clair Current value of the entire property? \$21,185.00	ed claims on Schedule D:
5. Pa	4.1 Make: Model:					
Do y	ou owr	n or have any legal or	equitable inter	est in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
 7. 	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe See Attached. \$2,550.00					
	√ Ye		Misc. Electro	nics		\$1,400.00

8.	Collectibles of value		
		urines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or llections; other collections, memorabilia, collectibles	
	☐ No		
	Yes. Describe	Collectibles of value	\$400.00
9.	Equipment for sports and h	nobbies	
		phic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and y tools; musical instruments	
	₫ No		
	Yes. Describe		
10.	Firearms		
	•	otguns, ammunition, and related equipment	
	√ No		
	Yes. Describe		
11.	Clothes		
•••		s, furs, leather coats, designer wear, shoes, accessories	
	☐ No		
	Yes. Describe	Clothes, Shoes, Accessories	\$700.00
12.	Jewelry		
	Examples: Everyday jewelry silver	, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,	
	√ No		
	Yes. Describe		
13.	Non-farm animals		
	Examples: Dogs, cats, birds	s, horses	
	☐ No		
	Yes. Describe	Dog	\$10.00
14.	Any other personal and ho	usehold items you did not already list, including any health aids you did not list	
	☑ No		
	Yes. Give specific information		
15.		of your entries from Part 3, including any entries for pages you have attached	\$5,060.00
	for Part 3. Write that number	er here	φυ,σου.σο
Pa	t 4: Describe You	r Financial Assets	

Do y	ou own or have any leg	al or equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you	have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your	petition
	☐ No ☑ Yes		Cash: .	\$16.00
17.	and other s		ounts; certificates of deposit; shares in credit unions, broken multiple accounts with the same institution, list each.	rage houses,
	☐ No ✓ Yes		Institution name:	
	_	17.1. Checking account:	Capital One Bank Account Number: 5808	\$0.78
		17.2. Savings account:	Capital One Bank Account Number: 8847	\$423.80
		17.3. Savings account:	Capital One Bank Account Number: 6819	\$4.99
18.	Examples: Bond funds No		okerage firms, money market accounts	
	<u> </u>	Institution or issuer name:		
19.	Non-publicly traded so LLC, partnership, and		erated and unincorporated businesses, including an inf	terest in an
	✓ No☐ Yes. Give specific information about			
	them	Name of entity:	% of owne	rship:

20.	Government and corp	orate bonds and other	er negotiable and non-negotiable instruments	
			ks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.	
	√ No			
	Yes. Give specific information about them	Issuer name:		
			_	
21.	Retirement or pension	n accounts		
			401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	√ No			
	Yes. List each account separately.	Type of account:	Institution name:	
		401(k) or similar plan	n:	
		Pension plan:		
		IRA:		
		Retirement account:		
		Keogh:		
		Additional account:		
		Additional account:		
22.	Security deposits and	l nrenavments		
			ade so that you may continue service or use from a company	
	Examples: Agreement others	s with landlords, prepa	aid rent, public utilities (electric, gas, water), telecommunications companies, or	
	☑ No			
	☐ Yes		Institution name or individual:	
		Electric:		
		Gas:		
		Heating oil:		
		Security deposit on re	ental unit:	
		Prepaid rent:		
		Telephone:		
		Water:		
		Rented furniture:		
		Other:		
				·

23.	Annuities (A contract for a periodic	payment of money to you, either for life or for a number of years)
	☑ No		
	☐ Yes Issuer nam	e and description:	
			
24.	Interests in an education IRA, in	an account in a qualified ABLE program, or under a qualified	state tuition program.
	26 U.S.C. §§ 530(b)(1), 529A(b), ar	d 529(b)(1).	
	√ No		
	☐ Yes Institution	name and description. Separately file the records of any interests.	.11 U.S.C. § 521(c):
25.		ets in property (other than anything listed in line 1), and right	s or powers exercisable
	for your benefit		
	√ No		
	Yes. Give specific information about them		
	mornadori about triorii		
00	Detents commission to descent	toods accords and allow intelligences to a consistence	
26.		trade secrets, and other intellectual property	
		, websites, proceeds from royalties and licensing agreements	
	☑ No		
	Yes. Give specific information about them		
	miormation about them		
07			
27.	Licenses, franchises, and other g	eneral intangibles sive licenses, cooperative association holdings, liquor licenses, pr	reference licenses
		sive licenses, cooperative association noidings, liquol licenses, pr	oressional licenses
	⊴ No		
	Yes. Give specific information about them		
	miorination about them		
Mone	ey or property owed to you?		Current value of the
			portion you own? Do not deduct secured
			claims or exemptions.
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific information a	oout.	1
	them, including whether yo		Federal:
	already filed the returns an		State:
	the tax years		
			Local:

29.	Family support			
	Examples: Past due or lump sum alimon settlement	y, spousal support, child support, mainter	nance, divorce settlement, property	
	☐ No			
	✓ Yes. Give specific information	Child Support Arrears	Alimony:	
			Maintenance:	
			Support:	\$400.00
			Divorce settlement:	
			Property settlement:	
30.	Other amounts someone owes you			
	Examples: Unpaid wages, disability insu Social Security benefits; unpaid	rance payments, disability benefits, sick paid loans you made to someone else	pay, vacation pay, workers' compensation,	
	√ No			
	Yes. Give specific information			
0.4				_
31.	Interests in insurance policies Examples: Health, disability, or life insura	ance; health savings account (HSA); credi	t, homeowner's, or renter's insurance	
	₫ No			
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
			_	·
			_	
			_	
32.	Any interest in property that is due you	ı from someone who has died		
	If you are the beneficiary of a living trust, property because someone has died.	expect proceeds from a life insurance pol	icy, or are currently entitled to receive	
	√ No			
	Yes. Give specific information			
33.	Claims against third parties, whether o	r not you have filed a lawsuit or made	a demand for payment	
	Examples: Accidents, employment dispu	•	а астана тог ројот	
	√ No			-
	Yes. Describe each claim			
34.	Other contingent and unliquidated clai	ms of every nature, including counter	claims of the debtor and rights to set o	if
	√ No			_
	Yes. Describe each claim			

35.	Any financial assets you did not already list					
	☑ No					
	☐ Yes. Give specific information					
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$845.57				
Pa	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any re	eal estate in Part 1.				
37.	Do you own or have any legal or equitable interest in any business-related property?					
	☑ No. Go to Part 6.					
	☐ Yes. Go to line 38.					
		Current value of the portion you own? Do not deduct secured claims or exemptions.				
38.	Accounts receivable or commissions you already earned					
	☑ No					
	☐ Yes. Describe					
39.	Office equipment, furnishings, and supplies					
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices					
	☑ No					
	☐ Yes. Describe					
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade					
	☑ No					
	☐ Yes. Describe					
41.	Inventory					
	☑ No					
	☐ Yes. Describe					
42.	Interests in partnerships or joint ventures					
	☑ No					
	☐ Yes. Describe					
	Name of entity: % of ownership:					

43.	Customer lists, mailing lists, or other compilations	
	☑ No	
	☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	☐ No	
	Yes. Describe	
44.	Any business-related property you did not already list	
	☑ No	
	Yes. Give specific information	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached	
40.	for Part 5. Write that number here	\$0.00
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an I	nterest In.
	If you own or have an interest in farmland, list it in Part 1.	
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7.	
	Yes. Go to line 47.	
		Current value of the portion you own?
		Do not deduct secured
		claims or exemptions.
47.	Farm animals	
	Examples: Livestock, poultry, farm-raised fish	
	☑ No	
	☐ Yes	
48.	Crops—either growing or harvested	
	☑ No	
	Yes. Give specific information	
	mornation	

49.	2. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade					
	☑ No					
	☐ Yes					
50.	Farm and fishing supplies, chemicals, and feed					
	☑ No					
	☐ Yes					
51.	Any farm- and commercial fishing-related property you did n	ot alroady list				
51.	✓ No	ot alleady list				
	Yes. Give specific					
	information					
			_			
52.	Add the dollar value of all of your entries from Part 6, includi for Part 6. Write that number here		•	\$0.00		
Pa	rt 7: Describe All Property You Own or Have	an Interest in Tha	t You Did Not List Above			
53.	Do you have other property of any kind you did not already li	ist?				
	Examples: Season tickets, country club membership					
	☑ No					
	Yes. Give specific information					
54.	Add the dollar value of all of your entries from Part 7. Write t	hat number here	→	\$0.00		
Pa	rt 8: List the Totals of Each Part of this Form	٦				
55.	Part 1: Total real estate, line 2		→	\$0.00		
	,					
56.	Part 2: Total vehicles, line 5	\$21,185.00				
57.	Part 3: Total personal and household items, line 15	\$5,060.00				
E0	Part 4: Total financial assets, line 36	¢045 57				
58.	Fait 4: Total Illiancial assets, line 30	\$845.57				
59.	Part 5: Total business-related property, line 45	\$0.00				
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7: Total other property not listed, line 54	+ \$0.00				
62.	Total personal property. Add lines 56 through 61	\$27,090.57	Copy personal property total	+ \$27,090.57		
J			copy porconial property total			

Debtor Rizo, Clio Cionni Case number (if known) 25-30840-SWE-13

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$27,090.57

	Continuation Page	
6.	Household goods and furnishings	
	Bedroom Furniture/Decor	\$500.00
	Kitchen Items	\$500.00
	Kitchen/Dining Furniture/Decor	\$500.00
	Livingroom Furniture/Decor	\$500.00
	Misc. Household goods and furnishings	\$500.00
	Personal Tools/Lawn Equipment	\$50.00

Fill in this inform	ation to identify your ca	ase:			
Debtor 1	Clio	Cionni	Rizo		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the	e: Norther	n District of	Texas	
Case number (if known)	25-30840-SWE-13				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1: Ide	ntify the Property You	ı Claim as Exempt					
1.	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
		on of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption		
	Brief description:	2023 Chevrolet Malibu LT VIN: 1G1ZD5ST0PF202921	\$21,185.00	Ø	\$0.00	11 U.S.C. § 522(d)(2)		
	Line from Schedule A/B:	3.1			100% of fair market value, up to any applicable statutory limit			
3.	(Subject to adju	ustment on 4/01/25 and eve		ses fil	ed on or after the date of adjustment.) 15 days before you filed this case?			

Doc 12 Filed 03/14/25 Entered 03/14/25 13:19:37 Case 25-30840-swe13 Desc Main Page 14 of 47

Document

____ Case number (if known) _____ 25-30840-SWE-13 Clio Rizo Debtor 1 Cionni First Name Middle Name Last Name

Part 2: Add	ditional Page				
•	ion of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	Livingroom Furniture/Decor	\$500.00	⊴	\$500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Bedroom Furniture/Decor	\$500.00	√	\$500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	11 0.0.0. 3 022(0)(0)
Brief description:	Kitchen/Dining Furniture/Decor	\$500.00	J	0.000	44 11 0 0 0 5 500(1)(0)
Line from Schedule A/B:	6			\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description:	Kitchen Items	\$500.00	4	\$500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	
Brief description:	Misc. Household goods and	\$500.00			
	furnishings			\$500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	
Brief description:	Personal Tools/Lawn	\$50.00			
	Equipment			\$50.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	
Brief description:	Televisions	\$700.00	√	\$700.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:				100% of fair market value, up to any applicable statutory limit	_
Brief description:	Misc. Electronics	\$700.00	4	\$700.00	11 II S C & 522/d\/2\
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Page 15 of 47 Document

Debtor 1

_ Case number (if known) _25-30840-SWE-13 Clio Cionni Rizo

First Name Middle Name Last Name

•	on of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	Collectibles of value	\$400.00	⊴	\$400.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	8			100% of fair market value, up to any applicable statutory limit	11 0.3.0. 3 322(0)(3)
Brief description:	Clothes, Shoes, Accessories	\$700.00	4	4	
Line from Schedule A/B:	11			\$700.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description:	Dog	\$10.00	4	\$10.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	13			100% of fair market value, up to any applicable statutory limit	
Brief description:	Cash	\$16.00	4	\$16.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	16			100% of fair market value, up to any applicable statutory limit	
Brief description:	Capital One Bank Checking account	\$0.78			_
	Acct. No.: 5808			\$0.78	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Capital One Bank Savings account	\$423.80			
	Acct. No.: 8847			\$423.80	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Capital One Bank Savings account	\$4.99			
	Acct. No.: 6819		Ą	\$4.99	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Child Support Arrears	\$400.00			
	Support		$\mathbf{\Lambda}$	\$400.00	11 U.S.C. § 522(d)(10)(D)
Line from Schedule A/B:	29			100% of fair market value, up to any applicable statutory limit	

IN RE: Rizo, Clio Cionni CASE NO 25-30840-SWE-13

CHAPTER 13

Scheme Selected: Federal

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Total **Total Amount Total Amount** Gross No. Category **Property Value Encumbrances Total Equity** Exempt Non-Exempt 1. Real Estate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 3. Motor vehicle \$0.00 \$0.00 \$0.00 4. Watercraft, trailers, motors homes, and \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 accessories 6. Household goods and furnishings \$2,550.00 \$0.00 \$2,550.00 \$2,550.00 \$0.00 7. **Electronics** \$1,400.00 \$0.00 \$1,400.00 \$1,400.00 \$0.00 Collectibles of value 8. \$400.00 \$0.00 \$400.00 \$400.00 \$0.00 \$0.00 \$0.00 9. Equipment for sports and hobbies \$0.00 \$0.00 \$0.00 \$0.00 10. **Firearms** \$0.00 \$0.00 \$0.00 \$0.00 11. Clothes \$700.00 \$0.00 \$700.00 \$700.00 \$0.00 12. Jewelry \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 13. Nonfarm animals \$10.00 \$0.00 \$10.00 \$10.00 \$0.00 Other 14. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Cash \$0.00 16. \$16.00 \$16.00 \$16.00 \$0.00 17. Deposits of money \$429.57 \$0.00 \$429.57 \$0.00 \$429.57 18. Bonds, mutual funds, or publicly traded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 stocks 19. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock 20. Bonds and other financial instruments \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 21. Retirement or pension accounts \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 22. Security deposits and prepayments \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 23. **Annuities** \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Interest in a qualified education fund, 24. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 such as an education IRA 25. Trusts, equitable or future interests in \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 property

IN RE: Rizo, Clio Cionni CASE NO 25-30840-SWE-13

CHAPTER 13

Scheme Selected: Federal

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Total **Total Amount Total Amount** Gross No. Category **Property Value Encumbrances Total Equity** Exempt Non-Exempt 26. Copyrights, trademarks, websites and \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 other intellectual property \$0.00 \$0.00 27. Licenses, Franchises, and other \$0.00 \$0.00 \$0.00 general intangibles 28. Tax refunds \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 29. \$400.00 \$0.00 \$400.00 \$400.00 \$0.00 Family support 30. Other amounts owed to the debtor \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 31. Insurance policies \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 32. Interest in property from deceased \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 33. Claims against third parties \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 34. All other claims, includes \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 contingent/unliquidated claims, counter claims, and creditor set offs 35. Other financial asset \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 38. Accounts receivable \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 39. Office equipment, furnishings, and \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 supplies 40. Machinery, fixtures and equipment \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 41. Inventory 42. Interests in partnerships or joint \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 ventures 43. Customer lists \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 44. Other businessrelated property \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 47. Farm animals \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 48. Crops \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 49. Equipment 50. Supplies \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

IN RE: Rizo, Clio Cionni CASE NO 25-30840-SWE-13

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: Federal

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTALS:	\$5,905.57	\$0.00	\$5,905.57	\$5,905.57	\$0.00

IN RE: Rizo, Clio Cionni CASE NO 25-30840-SWE-13

CHAPTER 13

\$5,905.57

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #3

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder **Property Description Market Value** Lien Equity Real Property (None) Personal Property (None) **TOTALS:** \$0.00 \$0.00 \$0.00 Non-exempt Property by Item: The following property, or a portion thereof, is non-exempt. **Property Description Market Value** Lien Equity Non-Exempt Amount **Real Property** (None) **Personal Property** (None) TOTALS: \$0.00 \$0.00

\$5,905.57

IN RE: Rizo, Clio Cionni CASE NO 25-30840-SWE-13

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #4

Summary	
A. Gross Property Value (not including surrendered property)	\$5,905.57
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$5,905.57
D. Gross Amount of Encumbrances (not including surrendered property)	\$0.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$0.00
G. Total Equity (not including surrendered property) / (A-D)	\$5,905.57
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$5,905.57
J. Total Exemptions Claimed (Wild Card Used: \$445.57, Available: \$14,979.43)	\$5,905.57
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this inform	mation to identify you	r case:	D	ocument	Page 21	of 47	7			
Debtor 1	Clio	Cionni		Rizo						
Debior	First Name	Middle Na	ame	Last Name						
5	riiotranio	Wildalo 140		Laot Hamo						
Debtor 2 (Spouse, if filing) First Name	Middle Ne		Loot Nome						
(Spouse, il lilling	First Name	Middle Na	ame	Last Name						
United States	Bankruptcy Court for	the:	Norther	n Distr	rict of Te	xas				
Case number	(if 25-30840-SWE-	-13								
known)	(<u>20 000+0 0112</u>	10								f this is an
									amende	d filing
Official For	m 106D									
		.191	\			-			S	
Schedu	ile D: Cre	ditors	wno	Have C	laims :	sec	ured	by F	roperty	12/15
name and case 1. Do any cre No. Che	number (if known). ditors have claims seck this box and subnin all of the informati	secured by yo	our proper	ty?	·				o of any additional pag	,co, wite you
Part 1:	List All Secured	Claims								
2. List all se	cured claims. If a cr	editor has mor	e than one	secured claim li	st the creditor		Column A		Column B	Column C
	for each claim. If mo			,			Amount o	f claim	Value of collateral	Unsecured
		possible, list the	he claims i	claims in alphabetical order according to the		Do not dedu	ct the	that supports this	portion	
creditor's r	ame.						value of coll	ateral.	claim	If any
2.1 Owings	Auto Centers	D	escribe th	e property that s	secures the cla	aim:	\$38,	500.00	\$21,185.00	\$17,315.00
Creditor's	Name				_					
519 E D	ivision St	2	2023 Che	vrolet Malibu L	.T					
Number	Street		o of the de	ata vau fila tha c	alaim ia. Chaal	all that				
		_	_	ate you file, the o	Jann 15. Check	all lilal	арріу.			
Arlingto	n TV 76011		■ Continge ■ Unliquide							
City	on, TX 76011 State Z		Disputed							
- 7			•							
	s the debt? Check o			en. Check all that	,					
☑ Debto	,		_	ement you made		•	ecured car l	oan)		
☐ Debto	r 2 only r 1 and Debtor 2 only		_	/ lien (such as tax	•	s lien)				
	r I and Debtor 2 only st one of the debtors	_	_	nt lien from a laws		abila				
anoth		and L	offset)	ncluding a right to	Autom	iobile				
	k if this claim relates nunity debt	s to a								

Remarks: In Plan

7 6 1 9

\$38,500.00

Date debt was incurred 9/11/2024 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

	Ousc	20 000-0	SWCIO D	D(ocument	Page	22 of 47	+/20 10.10.0) DC30	IVICIII
Fill in tl	his inform	ation to identify y	our case:							
Debto	or 1	Clio	Cionni		Rizo]		
		First Name	Middle N	ame	Last Name					
Debto	or 2									
(Spous	se, if filing)	First Name	Middle N	ame	Last Name					
United	d States F	Bankruptcy Court	for the	Northern	n Dist	rict of	Texas			
		25-30840-SW								
(if know		23-30040-344	L-13			_				this is an
									amende	d filing
<u>Officia</u>	al Forr	<u>n 106E/F</u>								
Sch	edu	le E/F: 0	Creditor	s Wh	o Have	Unse	ecured Cla	aims		12/15
Form 10 claims t number	D6A/B) ar that are I the entr (if know	nd on <i>Schedule</i> isted in <i>Schedul</i> ies in the boxes	G: Executory C le D: Creditors I on the left. Atta	ontracts an Who Have C ach the Con	d Unexpired Le Claims Secured tinuation Page	ases (Offic by Proper	m. Also list executorial Form 106G). Do r ty. If more space is n te. On the top of any	ot include any creeded, copy the F	editors with pa Part you need, f	rtially secured fill it out,
		editors have prio to Part 2.	rity unsecured	claims aga	inst you?					
cla ar	aim listed nounts. A	, identify what typ s much as possib	e of claim it is. If ble, list the claims	f a claim has s in alphabe	both priority and tical order accord	d nonpriorit	unsecured claim, list they amounts, list that claceditor's name. If you aim, list the other cred	im here and show have more than tw	both priority and	d nonpriority
(F	or an exp	lanation of each	type of claim, se	e the instruc	tions for this forr	m in the ins	truction booklet.)			
								Total claim	Priority amount	Nonpriority amount
2.1	Leinart I	Law Firm		Last 4 dig	its of account i	number		\$4,250.00	\$4,250.00	\$0.00
_		editor's Name			s the debt incur		02/07/2025			
_	10670 N	Central Expy	Ste 320	wileli wa	s the dept incui	reur	03/07/2025			
N	lumber	Street								
_					•	ne claim is:	Check all that apply.			
<u>_l</u>	Dallas, 1	TX 75231-2173		Contin	-					
C	City	State	ZIP Code	☐ Unliqu☐ Disput						
V	Vho incu	rred the debt? C	heck one.	•						
	1 Debtoi	•		• •	RIORITY unsec		:			
	Debto	-			stic support oblig					
		1 and Debtor 2				-	owe the government			
L		t one of the debt			for death or per Specify Attor i		while you were intox	cated		
L		if this claim is f unity debt	or a	W Other.	Specily Attori	ney rees		_		

✓ No ☐ Yes

Is the claim subject to offset?

Debtor 1	Clio	Cionni	Rizo	Case nur	mber (i	if knowi	_{n)} 25-30	0840-SWE-13	
	First Name	Middle Name	Last Name		,		/		
Part 2:	List All of You	ur NONPRIORITY Unse	ecured Claims						
3. Do an	ny creditors have no	onpriority unsecured clair	ms against you?						
	o. You have nothing t	o report in this part. Submi	•	rt with your other schedu	les.				
nonpr includ	iority unsecured clair	ty unsecured claims in the n, list the creditor separate than one creditor holds a p tion Page of Part 2.	ly for each claim. Fo	each claim listed, identif	fy wha	t type	of claim i	it is. Do not list clai	ms already
									Total claim
4.1 Acii	ma Credit		Last 4 digi	ts of account number	6	0	9 6		\$0.00
Nonp	Nonpriority Creditor's Name								
139	07 Minuteman Dr	5th Floor	When was	the debt incurred?		4/1/2	2019	_	
Numl	ber Street		<u></u>						
				late you file, the claim is	s: Che	ck all	that appl	y.	
Dra	per, UT 84020		Conting Unliquid						
City	S	tate ZIP	Code Dispute						
Who	incurred the debt?	Check one.	·						
☑ □	Debtor 1 only			NPRIORITY unsecured	claim	1:			
_	Debtor 2 only		☐ Studen	loans ons arising out of a sepa	rotion	oaroo	mont or a	divorce that you die	l not ronart as
	Debtor 1 and Debtor 2	•	priority	•	ration	agreer	ment or c	alvorce that you did	not report as
	At least one of the del	otors and another s for a community debt		pension or profit-sharing	g plan	s, and	other sin	nilar debts	
	SHECK II LIIIS CIAIIII IS	s for a community debt	✓ Other.	Specify Lease				<u></u>	
	e claim subject to o	ffset?							
☑ N									
Y	/es								
4.2 Affi	rm, Inc.		Last 4 digi	ts of account number	N	U	D D		\$159.00
Nonp	oriority Creditor's Nam	ne	When was	the debt incurred?		11/1/2	2024		
Attr	n: Bankruptcy			the debt incurred:		1 1/ 1/	2021	_	
650	California St, FI 1	12			0.1				
Numl	ber Street			late you file, the claim is	s: Che	eck all	that appl	у.	
San	r Francisco, CA 94	4108-2716	☐ Conting ☐ Unliquid						
City	S	tate ZIP	Code Dispute						
Who	incurred the debt?	Check one.							
☑ □	Debtor 1 only			NPRIORITY unsecured	ciaim	1:			
	Debtor 2 only		☐ Studen	loans ons arising out of a sepa	ration	agroo	mont or c	divorce that you dic	I not report as
	Debtor 1 and Debtor 2	•	priority	•	ialion	ayıccı	inenii or c	alvoice that you did	Thor report as
	At least one of the del		☐ Debts t	pension or profit-sharing	g plan:	s, and	other sin	nilar debts	
	CHECK IT THIS CIAIM IS	s for a community debt	☑ Other.	Specify Unsecured				<u></u>	
	e claim subject to o	ffset?							
₫ N	No								

☐ Yes

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Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Affirm, Inc. Last 4 digits of account number \$143.00 LNMH Nonpriority Creditor's Name When was the debt incurred? 11/1/2021 Attn: Bankruptcy 650 California St, FI 12 As of the date you file, the claim is: Check all that apply. Number Contingent San Francisco, CA 94108-2716 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Unsecured Is the claim subject to offset? **√** No ☐ Yes 4.4 Affirm, Inc. Last 4 digits of account number NQID \$112.00 Nonpriority Creditor's Name When was the debt incurred? 11/1/2021 Attn: Bankruptcy 650 California St, FI 12 As of the date you file, the claim is: Check all that apply. Number Street Contingent San Francisco, CA 94108-2716 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Unsecured Is the claim subject to offset? **☑** No ☐ Yes

First Name

Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

First Name

Pa	Your NONPRIORITY Unsecured Claims —	Continuation Page					
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim				
4.5	Affirm, Inc. Nonpriority Creditor's Name	Last 4 digits of account number X Y H K When was the debt incurred? 3/1/2022	\$51.00				
	Attn: Bankruptcy 650 California St, FI 12 Number Street San Francisco, CA 94108-2716 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did no priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	ot report as				
4.6	Affirm, Inc. Nonpriority Creditor's Name Attn: Bankruptcy	Last 4 digits of account number 7 4 L X When was the debt incurred? 1/1/2022	\$0.00				
	650 California St, FI 12 Number Street San Francisco, CA 94108-2716 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed					
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Unsecured					
	Is the claim subject to offset? ☑ No						

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Debtor 1 Clio Cionni Document Page 26 of 47

Case number (if known) 25-30840-SWE-13

Last Name

First Name

Middle Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **Capital One** Last 4 digits of account number 3 6 8 4 \$667.00 Nonpriority Creditor's Name When was the debt incurred? 9/1/2019 Attn: Bankruptcy PO Box 30285 As of the date you file, the claim is: Check all that apply. Number Street Contingent Salt Lake City, UT 84130-0285 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **√** No ☐ Yes 4.8 CBE Group Last 4 digits of account number 8 9 5 \$386.00 Nonpriority Creditor's Name When was the debt incurred? 5/1/2024 Attn: Bankruptcy PO Box 900 As of the date you file, the claim is: Check all that apply. Number Street Contingent Waterloo, IA 50704 ■ Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt **☑** Other. Specify **Original Creditor: CHARTER COMMUNICATIONS** Is the claim subject to offset? **☑** No ☐ Yes

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Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

First Name

Middle Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Chimefinal \$0.00 Last 4 digits of account number 4 6 7 0 Nonpriority Creditor's Name When was the debt incurred? 11/1/2021 Attn: Bankruptcy Po Box 417 As of the date you file, the claim is: Check all that apply. Number Street Contingent San Francisco, CA 94104 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditLineSecured Is the claim subject to offset? **√** No ☐ Yes 4.10 Comenity Capital/IDD Last 4 digits of account number \$0.00 2 8 2 6 Nonpriority Creditor's Name When was the debt incurred? 3/1/2022 Attn: Bankruptcy PO Box 182125 As of the date you file, the claim is: Check all that apply. Number Street Contingent Columbus, OH 43218 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify ChargeAccount Is the claim subject to offset? **☑** No ☐ Yes

Debtor 1 Clio Cionni Document Page 28 of 47

Rizo Case number (if known) 25-30840-SWE-13

Last Name

Pa	t 2: Your NONPRIORITY Unsecured Claims —	Continuation Page				
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim			
4.11	Cornerstone	Last 4 digits of account number 1 1 2 5	\$3,042.00			
	Nonpriority Creditor's Name	<u> </u>				
	Pob 60610	When was the debt incurred? 11/1/2024				
	Number Street	•				
		As of the date you file, the claim is: Check all that apply.				
	Harrish DA 47400	☐ Contingent				
	Harrisburg, PA 17106	· Unliquidated				
	City State ZIP Code	☐ Disputed				
	Who incurred the debt? Check one.					
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	☐ Debtor 2 only	☑ Student loans				
	■ Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did no priority claims 	ot report as			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Check if this claim is for a community debt	Other. Specify				
	Is the claim subject to offset?					
	☑ No					
	☐ Yes					
4.12						
4.12	Cornerstone	Last 4 digits of account number 1 1 2 5	\$1,750.00			
	Nonpriority Creditor's Name	When was the debt incurred? 11/1/2024				
	Pob 60610	11/1/2027				
	Number Street					
		As of the date you file, the claim is: Check all that apply.				
	Harrisburg, PA 17106	Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
	_	Type of NONPRIORITY unsecured claim:				
	☑ Debtor 1 only ☐ Debtor 2 only	☑ Student loans				
	Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did no 	ot report as			
	At least one of the debtors and another	priority claims				
	Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts				
	- Oncor is the claim is for a community dept	Other. Specify				
	Is the claim subject to offset?					
	☑ No					
	☐ Yes					

First Name

Debtor 1 Clio Cionni Document Page 29 of 47
Rizo Case number (if known) 25-30840-SWE-13

Last Name

Pa	Your NONPRIORITY Unsecured Claims -	- Continuation Page	
After	listing any entries on this page, number them beginnin	g with 4.4, followed by 4.5, and so forth.	Total claim
4.13	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number <u>5 9 1 2</u>	\$1,997.00
	Attn: Bankruptcy	When was the debt incurred? 9/1/2023	
	Number Street Las Vegas, NV 89113 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did no priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify ☐ Original Creditor: MARINER FINANCE	t report as
4.14	Flex Nonpriority Creditor's Name Attn: Bankruptcy Dept	Last 4 digits of account number G A 5 Y When was the debt incurred? 6/1/2024	\$0.00
	33 Irving Place Number Street New York, NY 10003 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	 □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did no priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify RentalAgreement 	t report as
	Is the claim subject to offset? ☑ No □ Yes		

First Name

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Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

First Name

Middle Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **Hospitalist Medicine Physicians of TX** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? Po Box 743522 Number As of the date you file, the claim is: Check all that apply. Contingent Los Angeles, CA 90074-3522 ■ Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Medical Bill Is the claim subject to offset? **☑** No ☐ Yes 4.16 Jefferson Capital Systems, LLC Last 4 digits of account number \$100.00 0 0 3 Nonpriority Creditor's Name When was the debt incurred? 12/1/2023 Attn: Bankruptcy 200 14th Ave E As of the date you file, the claim is: Check all that apply. Number Street Contingent Sartell, MN 56377 Unliquidated Citv State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Original Creditor: SPRINT Is the claim subject to offset? **☑** No ☐ Yes

Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so fo	rth.					Total claim
4.17	Kikoff	Last 4 digits of account number	K		5	D	W	\$220.00
	Nonpriority Creditor's Name							
	Attn: Bankruptcy	When was the debt incurred?		_{	8/1/2	20	23	
	75 Broadway							
	Number Street	As of the date you file, the claim is	: Che	ес	k all	tha	at apply.	
	San Francisco, CA 94111	Contingent						
	City State ZIP Code	☐ Unliquidated☐ Disputed						
	Who incurred the debt? Check one.	·						
	☑ Debtor 1 only	Type of NONPRIORITY unsecured	claim	n:				
	☐ Debtor 2 only	Student loans						
	Debtor 1 and Debtor 2 only	Obligations arising out of a separ	ration	a	gree	me	ent or div	orce that you did not report as
	☐ At least one of the debtors and another	priority claims Debts to pension or profit-sharing	n nlan	าร	and	l ot	her simil	ar dehts
	☐ Check if this claim is for a community debt	✓ Other. Specify ChargeAccou		10,	, and	. 00		ar dobto
	Is the claim subject to offset?	<u> </u>						_
	☑ No							
	☐ Yes							
4.18	Kikoff Lending Llc	Last 4 digits of account number	L		Т	K	F	\$0.00
	Nonpriority Creditor's Name							
	Attn: Bankruptcy	When was the debt incurred?		1	11/1/	/20)23	
	75 Broadway Suite 226							
	Number Street	As of the date you file, the claim is	s: Che	ec	k all	tha	at apply.	
	San Francisco, CA 94111	☐ Contingent						
	City State ZIP Code	Unliquidated						
	Who incurred the debt? Check one.	☐ Disputed						
		Type of NONPRIORITY unsecured	claim	n:				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Student loans						
	Debtor 1 and Debtor 2 only	Obligations arising out of a separ	ration	a	gree	me	ent or div	rorce that you did not report as
	☐ At least one of the debtors and another	priority claims Debts to pension or profit-sharing	n nlan	าร	and	l ot	her simil	ar dehts
	☐ Check if this claim is for a community debt	✓ Other. Specify Personal Loar		10,	, and	. 00		ar dobto
	Is the claim subject to offset?							<u> </u>
	☑ No							
	☐ Yes							

First Name

Debtor 1 Clio Cionni Document Page 32 of 47

Case number (if known) 25-30840-SWE-13

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.19 **Mariner Finance** Last 4 digits of account number \$0.00 9 6 2 1 Nonpriority Creditor's Name When was the debt incurred? 3/1/2022 Attn: Bankruptcy 8211 Town Center Dr As of the date you file, the claim is: Check all that apply. Number Street Contingent Nottingham, MD 21236-5904 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Secured Is the claim subject to offset? **√** No ☐ Yes 4.20 Perpay Inc/celtic Last 4 digits of account number \$456.00 2 7 0 0 Nonpriority Creditor's Name When was the debt incurred? 1/17/2025 2400 Market St Number Street As of the date you file, the claim is: Check all that apply. Contingent Philadelphia, PA 19103 ☐ Unliquidated Citv State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes

First Name

Debtor 1 Clio Cionni Document Page 33 of 47

Case number (if known) 25-30840-SWE-13

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **Possible Finance** Last 4 digits of account number \$0.00 K 9 L C Nonpriority Creditor's Name When was the debt incurred? 1/1/2024 2231 First Avenue Ste B Number As of the date you file, the claim is: Check all that apply. Contingent Seattle, WA 98121 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Unsecured Is the claim subject to offset? **☑** No ☐ Yes **Spectrum/Charter Communications** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 790261 Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent Saint Louis, MO 63179-0261 ■ Unliquidated ZIP Code City State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Utilities Is the claim subject to offset? **✓** No ☐ Yes

First Name

Debtor 1 Clio Cionni Document Page 34 of 47

Case number (if known) 25-30840-SWE-13

Last Name

First Name

Middle Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Synchrony Bank/Care Credit \$0.00 Last 4 digits of account number 6 6 7 6 Nonpriority Creditor's Name When was the debt incurred? 5/17/2020 Attn: Bankruptcy PO Box 965060 As of the date you file, the claim is: Check all that apply. Number Street Contingent Orlando, FL 32896 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify ChargeAccount Is the claim subject to offset? **√** No ☐ Yes 4.24 Tides at Royal Lane North Last 4 digits of account number 3 4 6 1 \$4,807.88 Nonpriority Creditor's Name When was the debt incurred? 9505 Royal Lane Number Street As of the date you file, the claim is: Check all that apply. Contingent Dallas, TX 75243 Unliquidated Citv State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ✓ Other. Specify Lease Is the claim subject to offset? **☑** No

☐ Yes

Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

First Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth. Total claim
4.25	T-Mobile/Sprint	Last 4 digits of account number\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?
	PO Box 53410 Number Street Bellevue, WA 98015 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Utilities
4.26	Transform Credit Inc Nonpriority Creditor's Name Attn: Bankruptcy	Last 4 digits of account number 0 7 2 5 \$2,524.00 When was the debt incurred? 9/1/2024
	332 S Michigan Ave, 9th Floor Number Street Chicago, IL 60604-4434 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Unsecured
	Is the claim subject to offset? ✓ No ☐ Yes	

Debtor 1 Clio Cionni Document Page 36 of 47

Case number (if known) 25-30840-SWE-13

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim TSC Acct/Rec Solutions Last 4 digits of account number 7 3 9 3 \$6,231.00 Nonpriority Creditor's Name When was the debt incurred? 7/6/2023 Attn: Bankruptcy Dept 2701 Loker Ave West Suite 120 As of the date you file, the claim is: Check all that apply. Number Street Contingent Carlsbad, CA 92010 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Medical Bill Is the claim subject to offset? **√** No ☐ Yes 4.28 Wakefield & Associates Last 4 digits of account number 0 1 8 \$1,253.00 Nonpriority Creditor's Name When was the debt incurred? 6/1/2024 Attn: Bankruptcy 10800 E Bethany Dr., Ste 450 As of the date you file, the claim is: Check all that apply. Number Street Contingent Aurora, CO 80014 ■ Unliquidated City State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Original Creditor: HOSPITALIST MEDICINE PHYSICIAN Is the claim subject to offset? **☑** No ☐ Yes

First Name

Debtor 1 Clio Cionni Document Page 37 of 47

Rizo Case number (if known) 25-30840-SWE-13

First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim Total claims** 6a. **Domestic support obligations** 6a. \$0.00 from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$0.00 Claims for death or personal injury while you were 6c. 6c. \$0.00 intoxicated Other. Add all other priority unsecured claims. 6d. 6d. \$4,250.00 Write that amount here. Total. Add lines 6a through 6d. 6e. \$4,250.00 **Total claim Total claims** 6f. Student loans 6f. \$4,792.00 from Part 2 6g. Obligations arising out of a separation agreement or 6g. \$0.00 divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other 6h. 6h. \$0.00 similar debts 6i. Other. Add all other nonpriority unsecured claims. 6i. \$19,106.88 Write that amount here. 6j. Total. Add lines 6f through 6i. 6j. \$23,898.88

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Fill in this inform	ation to identify your ca	ase:						
Debtor 1	Clio	Cionni	Rizo					
	First Name	Middle Name	Last Na	me				
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Na	me				
United States E	Bankruptcy Court for the	e: Norther	n	District of	Texas			
Case number	25-30840-SWE-13							
(if known)							Check if t amended	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - 🗹 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or co	mpany with whom you have th	ne contract or lease	State what the contract or lease is for
2.1				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.2				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.3				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.4				
	Name			
	Number	Street		
	City	State	ZIP Code	

				Document Pa	age 39 of	4/	
Fill ir	this inform	nation to identify you	ur case:				
Deb	otor 1	Clio	Cionni	Rizo			
		First Name	Middle Name	Last Name			
	otor 2						
(Spc	ouse, if filing)	First Name	Middle Name	Last Name			
Unit	ed States I	Bankruptcy Court fo	r the: North	ern District of	Texas	<u> </u>	
		25-30840-SWE-	13				☐ Check if this is an
(II KI	nown)						amended filing
Offic	cial Form	<u>m 106H</u>					
Sc	hedu	le H: You	ır Codebto	ors			12/15
filing the er	together, k tries in the	ooth are equally re	sponsible for supplyi	ng correct information.	If more space	e is needed, copy the Add	ssible. If two married people are litional Page, fill it out, and numbe your name and case number (if
1.	Do you h ✓ No ☐ Yes	ave any codebtors	s? (If you are filing a joi	nt case, do not list either	spouse as a c	odebtor.)	
2.		• •	•	nunity property state or Puerto Rico, Texas, Wasl	• (, , ,	nd territories include Arizona,
		to to line 3.			4l 4l O		
	Yes. [•	mer spouse, or legal ed	quivalent live with you at	tne time?		
			nity state or territory did	t vou live?		Fill in the name and co	urrent address of that person.
			,,				
	N	lame of your spouse	e, former spouse, or leg	al equivalent			
	N	lumber	Street				
	_	ity	State	ZIP Cod	lo.		
		,					
3.	2 again a	s a codebtor only	if that person is a gua	arantor or cosigner. Ma	ke sure you h	ave listed the creditor on	you. List the person shown in line Schedule D (Official Form 106D), chedule G to fill out Column 2.
	Column 1	: Your codebtor				Column 2: The creditor	to whom you owe the debt
						Check all schedules that	apply:
3.1							
	Name					Schedule D, line	
	Number		Street			Schedule E/F, line	
						Schedule G, line	
	City		State		ZIP Code		
3.2						· 🗖 •	
	Name					☐ Schedule D, line	
	Number		Street			Schedule E/F, line	

State

ZIP Code

City

☐ Schedule G, line _

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			Do	ocument Pag	je 40 of 4	17		
Fil	in this information to	o identify your ca	ase:					
D	ebtor 1	Clio	Cionni	Rizo				
		First Name		Last Name				
_	ebtor 2							
(8	Spouse, if filing)	First Name	Middle Name	Last Name			Check if this is:	
U	nited States Bankrup	otcy Court for the	e: North	nern District of Texa	as	-	☐ An amended filing☐ A supplement show	ving postpetition
_	ase number	25-30840-	SWE-13					as of the following date
							MM / DD / YYYY	_
Of	ficial Form	1061						
Sc	chedule I:	Your In	come					12/15
spo add	use is not filing with	n you, do not ind your name and		your spouse. If more	space is nee		bout your spouse. If you a a separate sheet to this for	
1.	Fill in your employ information.	rment		Debtor 1			Debtor 2 or non-	filing spouse
	If you have more th	nan one job,	Employment status	✓ Employed □	Not Employe	ed	□ Employed □ Not	Employed
	attach a separate p information about a employers.	age with	Occupation	PREVIOUS EN				
	Include part time, s		Employer's name	Amazon.com				
	self-employed work		Employer's address	202 Westlake	Ave N			
	Occupation may incor homemaker, if it			Number Street			Number Street	
				Seattle, WA 98 City	8109 State	Zip Code	City	State Zip Code
			How long employed th	•		Zip Gode		
Pa	rt 2: Give Detail	Is About Mon	thly Income					
			e date you file this form	. If you have nothing to	o report for a	ny line, write	\$0 in the space. Include yo	ur non-filing spouse
		iling spouse hav		ver, combine the inforn	nation for all	employers fo	r that person on the lines be	elow. If you need
	more space, attach	i a separate she	et to tills 101111.		Foi	Debtor 1	For Debtor 2 or non-filing spouse	
2.		• .	and commissions (before	' '		\$0.00		
3.	Estimate and list n		·	3.	+	\$0.00	+	

4. Calculate gross income. Add line 2 + line 3.

\$0.00

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Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

							se number			
	First Name	Middle Name	Last Name							
						For Debtor 1		ebtor 2 or ling spouse		
	• •		→	4.		\$0.00				
	List all payroll deduction			_		\$0.00				
	,	Social Security deductions		5a.		\$0.00				
	•	itions for retirement plans		5b.		\$0.00 \$0.00				
	-	ions for retirement plans		5c.		\$0.00				
	5e. Insurance	nts of retirement fund loans		5d.		\$0.00				
	of. Domestic support of	phligations		5e. 5f.		\$0.00				
	5g. Union dues	Doligations		5g.		\$0.00				
		Specify:		5g. 5h.	+	\$0.00	+			
		ions. Add lines 5a + 5b + 5c +		6.	· —	\$0.00				
		take-home pay. Subtract lir	J	7.		\$0.00				
	List all other income re	• •	5 Hom into 4.	٠.		+ 3.00				
8	Ba. Net income from re profession, or farm	ntal property and from ope	rating a business,							
		for each property and busine nd necessary business expe	0.0	8a.		\$0.00				
8	Bb. Interest and divider	nds		8b.		\$0.00				
8	Bc. Family support pay dependent regularly	ments that you, a non-filing y receive	g spouse, or a							
	Include alimony, spo settlement, and prop	ousal support, child support, perty settlement.	maintenance, divorce	8c.		\$0.00				
8	Bd. Unemployment con	npensation		8d.		\$1,668.00				
8	Be. Social Security			8e.		\$0.00				
8	_	assistance that you regular								
	assistance that you	ance and the value (if known receive, such as food stamp ion Assistance Program) or	s (benefits under the							
	Specify: Food Sta	ımp Benefits		8f.		\$536.00				
8	Bg. Pension or retireme	ent income		8g.		\$0.00				
8	Bh. Other monthly inco	me. Specify: New Income	•	8h.	+	\$1,800.00	+			
,	Add all other income. A	Add lines 8a + 8b + 8c + 8d +	+ 8e + 8f +8g + 8h.	9.		\$4,004.00			.]	
		ome. Add line 7 + line 9. 0 for Debtor 1 and Debtor 2	or non-filing spouse	10.		\$4,004.00	+		_ _]=[\$4,004
	_	contributions to the expens	-							
f	riends or relatives.	om an unmarried partner, me ounts already included in line	•		·	•				
,	Specify:							1	1. +	\$0.
		last column of line 10 to the y of Your Assets and Liabilit				•	income. W		2.	\$4,004
									Combi	ined ly incon
	Do you expect an incre √ No.	ease or decrease within the	year after you file this	form?						
	Yes, Explain:		Schedule							

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Fill in this informatio	n to identify your case	:		
Debtor 1	Clio	Cionni	Rizo	
	First Name	Middle Name	Last Name	Check if this is:
Debtor 2				An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	 A supplement showing postpetition expenses as of the following date:
United States Bank	ruptcy Court for the:	N	orthern District of Texas	
Case number	25-30840-SW	/E-13		MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Househol 1. Is this a joint case? ✓ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a sep ☐ No	parate household?			
Yes. Debtor 2 must file 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.	Official Form 106J-2, Expenses for □ No ☑ Yes. Fill out this information for each dependent	Dependent's relationship to	Dependent's age 3 Yrs 1 Yr	Does dependent live with you? No. Yes. No. Yes. No. Yes. No. Yes.
3. Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			
Part 2: Estimate Your Ongoing I Estimate your expenses as of your bar date after the bankruptcy is filed. If this Include expenses paid for with non-casuch assistance and have included it of	nkruptcy filing date unless you are s is a supplemental <i>Schedule J</i> , chash government assistance if you k	neck the box at the top of the form an know the value of	d fill in the applic	
4. The rental or home ownership exp for the ground or lot.	enses for your residence. Include t	first mortgage payments and any rent	4	\$1,490.00
If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or rent 4c. Home maintenance, repair, and			4a 4b 4c	\$0.00 \$0.00 \$0.00
4d. Homeowner's association or co	ondominium dues		4d	\$0.00

Debtor 1 Clio Cionni Rizo Case number (if known) 25-30840-SWE-13

Last Name

First Name

	First Name Middle Name Last Name		
			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
ò.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$82.00
	6b. Water, sewer, garbage collection	6b.	\$0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$112.00
	6d. Other. Specify: TV/Internet/Cell	6d.	\$52.00
	Food and housekeeping supplies	7.	\$520.00
	Childcare and children's education costs	8.	\$0.00
	Clothing, laundry, and dry cleaning	9.	\$80.00
٥.	Personal care products and services	10.	\$65.00
۱.	Medical and dental expenses	11.	\$25.00
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
3.		13.	\$50.00
4.	Charitable contributions and religious donations	14.	\$0.00
5.	Insurance.		
J .	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$0.00
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$335.58
	15d. Other insurance. Specify:	15d.	\$0.00
.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16.	\$0.00
7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$0.00
	17b. Car payments for Vehicle 2	17b.	\$0.00
	17c. Other. Specify:	17c.	\$0.00
	17d. Other. Specify:	17d.	\$0.00
3.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
9.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$0.00
).	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

Deb	tor 1	Clio	Cionni	Rizo	Case number (if known	25-30840-SWE-13
		First Name	Middle Name	Last Name		
21.	Other. Spo	ecify:			21. +	\$0.00
22.	Calculate	your monthly exp	enses.			
	22a. Add	lines 4 through 21.			22a	\$3,011.58
	22b. Copy	line 22 (monthly e	expenses for Debtor 2), i	f any, from Official Form 106J-2	22b.	\$0.00
	22c. Add I	ine 22a and 22b. T	he result is your monthl	y expenses.	22c	\$3,011.58
23.	Calculate	your monthly net	income.			
	23а. Сору	line 12 (your comb	bined monthly income) f	rom Schedule I.	23a	\$4,004.00
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b	\$3,011.58
	23c. Subti	ract your monthly e	expenses from your mon	thly income.		
	The	result is your <i>monti</i>	hly net income.		23c	\$992.42
24.	Do you ex	spect an increase o	or decrease in your exp	enses within the year after you file th	is form?	
				car loan within the year or do you expe of a modification to the terms of your r		
	√ No.					
	Yes.					

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Fill in this information	to identify your case):		
Debtor 1	Clio	Cionni	Rizo	
	First Name	Middle Name	Last Name	_
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	uptcy Court for the:	N	orthern District of Texas	s
Case number (if known)	25-30840-SV	VE-13		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all

Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$27,090.57
1c. Copy line 63, Total of all property on Schedule A/B	\$27,090.57
Part 2: Summarize Your Liabilities	
	V 11 1 1112
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$38,500.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	* * * • • • • • • • • • • • • • • • • •
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,250.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$23,898.88
Your total liabilitie	s \$66,648.88
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$4,004.00
5. Schedule J: Your Expenses (Official Form 106J)	

Case 25-30840-swe13 Doc 12 Filed 03/14/25 Entered 03/14/25 13:19:37 Desc Main Document Page 46 of 47 Debtor 1 Case number (if known) 25-30840-SWE-13 Clio Cionni Rizo First Name Middle Name Last Name Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **✓** Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,460.81 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00

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Fill in this information to identify your case:						
Debtor 1	Clio	Cionni	Rizo			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		No	orthern District of To	exas		
Case number (if known)	25-30840-SW	/E-13				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorne	ry to help you fill out bankruptcy forms?
✓No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summa	ary and schedules filed with this declaration and that they are true and correct.
X /s/ Clio Cionni Rizo	
Clio Cionni Rizo, Debtor 1	
Date 03/14/2025 MM/ DD/ YYYY	